

EXHIBIT 29

Massachusetts Registry of Motor Vehicles RMV-1 Application Form (617) 351-4500 http://www.magnet.state.ma.us/rmv				3. Number of Documents _____ <input type="checkbox"/> RO (Registration Only) <input type="checkbox"/> RX (Registration Transfer) <input type="checkbox"/> ST (Salvage Title) <input checked="" type="checkbox"/> RT (Registration & Title) <input type="checkbox"/> TAR (Title Add Registration) <input type="checkbox"/> TO (Title Only) <input type="checkbox"/> SW (Summer/Winter Swap)				4. <input type="checkbox"/> Address Change	
1. Reg Eff Date 1/13/04		2. Reg Exp Date 12/31/04							
Registration/Vehicle Information				5. Plate Type MCN		6. Registration Number FZ8035			
				7. Previous Title #		8. State			
9. Type of Registration: <input type="checkbox"/> Passenger <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Livery <input type="checkbox"/> Commercial <input type="checkbox"/> Trailer <input type="checkbox"/> Auto Home <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other									
10. Vehicle Identification Number: 1 H D 1 H A Z 4 0 3 K 8 4 2 5 9 4									
11. Year 03	12. Make HD	13. Model Name VRSANN	14. Model #	15. Body Style MC	16. Circle Color (s) of Vehicle 0-Orange 1-Black 2-Blue 3-Brown 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple 8		17. # of Cylinders/Passengers/Doors 02 / / 0		
18. Transmission <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual		19. Total Gross Weight (Laden)		20. Motor Power <input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other		21. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> Livery <input type="checkbox"/> Taxi <input type="checkbox"/> School Pupil If carrying passengers for hire, max no of passengers that can be seated: _____ If school bus, is it used exclusively for city, town, or school district? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Owner Information				22. Owner 1 License #/State S78629373 MA		23. Owner 2 License #/State			
				24. EIN/FID # (see block 24)					
25. Owner 1 Name (Last, First, Middle) FIAMMA VINCENT J						26. Owner 1 Date of Birth 3/22/59			
27. Owner 2 Name (Last, First, Middle)						28. Owner 2 Date of Birth			
29. Corp/Co/Organization Name (see block 24)						30. City/Town Where Vehicle is Principally Garaged: CHARLESTOWN			
31. Mailing Address 35 WASHINGTON ST				City CHARLESTOWN	State MA	Zip Code 021293219			
32. Residential Address				City	State	Zip Code			
33. For Leased Vehicles include License Number, Date of Birth and State or EIN/FID Number and Name of Lessee									
34. For Leased Vehicles, include Address, City, State, and Zip Code of Lessee									
Signatures				Sales or Use Tax Schedule					
I/WE THE APPLICANT(S) HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THERE ARE NO OUTSTANDING EXCISE TAX LIABILITIES ON THE VEHICLE DESCRIBED ABOVE THAT HAVE BEEN INCURRED BY THE APPLICANT(S) OR ANY MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY WHO IS A MEMBER OF THE APPLICANT'S HOUSEHOLD OR THE BUSINESS PARTNER OF THE APPLICANT(S). THE UNDERSIGNED HEREBY FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.				A. SALE BY LICENSED MOTOR VEHICLE DEALER DEALER EIN/FID NUMBER 04227641 Total Sales Price \$ 18,910.00 (adjusted for dealer's discount and manufacturer's rebate) Less Manufacturer's Excise \$ 271.00 (on commercial vehicle over 10,000 lbs only) Net Sales Price \$ 18,910.00 Less Trade-in Allowance For \$ _____ Yr _____ Make _____ Model _____ VIN No. Required on Trade-ins _____ Taxable Sales Price \$ 18,910.00 5% Sales Tax \$ 945.50					
35. Signature of Owner From Block 25 or 29. Also Print Name If Different				B. SALES BY OTHER THAN MOTOR VEHICLE DEALER Gross Sales Price \$ _____ 5% Use Tax (bill of sale must be shown) \$ _____ C. CLAIM EXEMPTION FROM TAX Exempt Organization Certificate Number _____ See Attached Form 5 Other					
36. Signature of 2nd Owner From Block 27. Also Print Name If Different									
37. Authorized Dealer's Signature 38. Dealer Reg No									
39. Seller's Name (Please Print) CYCLE CRAFT COMPANY INC				Fee Information Renewal Fee 20.00 Title Fee 50.00 Tax 945.50 TOTAL \$ 1015.50 Clerk ID _____ Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> EFT Batch No 0140372660101 Date Printed _____ Valid Until Stamped with Official Stamp of Registrar's Signature					
40. Seller's Address 1760 REVERE BEACH PARKWAY EVERETT, MA 02149									
41. Policy Effective Date: 1/12/04									
Policy Change Date: _____ MURPHY JORDAN INS 41B. Manual Class: 41C. Ins. Company & Code: HANOVER INS GROUP 453 Insurance Co's Authorized Representative's Signature									
Title Data				Fee Information					
42. Date of Purchase 1/2/04				43. Odometer Reading 10					
44. <input checked="" type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle If new vehicle, certificate of origin must be submitted									
45. Title Type: <input type="checkbox"/> Clear <input type="checkbox"/> Salvage <input type="checkbox"/> Reconstruct <input type="checkbox"/> Owner Retained <input type="checkbox"/> Theft <input type="checkbox"/> Prior Owner Retained									
46. Primary Salvage Title Brands: <input type="checkbox"/> Repairable <input type="checkbox"/> Parts Only				47. Secondary Salvage Brand					
Lienholder Information				48. Date of 1st Lien 49. Date of 2nd Lien					
I/we certify that all liens on this vehicle are listed below									
50. First Lienholder Code C 3 0 8 0 3				51. Name EAGLE MARK SAVINGS BANK					
52. Lien Address 4150 TECHNOLOGY WAY CARSON CITY, NV 89706									
53. Second Lienholder Code				54. Name					

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